PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/49/639

CLAIMS AS			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Coloniii V)		(COIGIIII 2)		ŀ	1 -	ALFÉEAII	4	RATE	FEE	
70								BASIC FEE	385.00	1.1	BASIC FEE	770.00	
FOR KCE			NUMBER FILED		NUMBER EXTRA			BASIC FEE	365.00	OR 	BASIC FEE	770.00.	
TOTAL CHARGEABLE CLAIMS			43 minus 20=		*			XS 9=	5.	OR	X\$18=		
INE	DEPENDENT C	6 m	6 minus 3/=		*		X43=	٠ ٠.	ŌR	X86=	!		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		ОΆ	+290=		
* If the difference in column 1 is less than zero, en					"0" in c	olumn 2	-	TOTAL	395,00	OR	TOTAL	Her Leedin	
	С	LAIMS AS A	MENDED	MENDED - PART II				OTHER THA					
(Column 1)			4	(Colur			1 -	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	: <u>=</u>	
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1 2 2	OR	+290=		
							L	TOTAL			TOTAL		
		(Calumn 3)		DDIT. FEE		•	ADDIT. FEE						
 		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)	1 г		ADDI-		(Colona) CLAU'S	ADDI-	
H 8		REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL	1	RATE	TIONAL FEE	
AMENDMENT		AMENDMENT		PAID	FOR		1	VA 6	FEE_		X\$18=	ໃຕ້ພາປຣ	
	Total	*	Minus	**	,	=	┨┠	X\$ 9=	olai	OR		idings idings	
A ME	Independent	*	Minus	PENDENT	CLAIM		$\{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	X43≡	ndopence	OR	X86 = .	MULHPU	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	ino (f mi	OR	+290=		
			L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colur	nn 2)	(Column 3)			•		(Column	1)	
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		CLAIMS PRATE:	ADDI- TIONAL FEE	
	Total	*	Minus	**	·	=		x\$ 9=	otal	OH:	X\$18=	i√lifus	
ME.	Independent	*	Minus	***		=		X43=	ndepende	OR	X86=	ivinus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									HEN	+290=	ANGLEREL	
	·	mn 1 is less than th	e entry in colu	ımn 2. write	"O" in col	umn 3	L	+145=	ha zer i in	OR	+290=	u va. entry i	
**	If the "Highest Nu	mber Previously Pa	aid For IN TH	IS SPACE I	s less that e less that	n 20, enter "20. n 3. enter "3 "		DDIT FEE		OR	ADDIT. FEE		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													